

Central Wisconsin Health Partnership
Comprehensive Community Services Regional Coordinating Committee
Training Committee
Thursday, November 12th, 2015

Present: JoAnn Stephens – Stable Life, consumer voice; Dr. Rick Immel, Dan Naylor, and Lori Martin – White Pine Consulting Service; JoAnn Geiger – Juneau County; Jessie Jenson – Waupaca County; Tamara Laskowski – Adams County; Jason Jerome – Green Lake County; Clint Starks and Wade Rasmussen – Marquette County; and Toni Morgan-Jones and Renee Soroko – Waushara County.

1. Update on DHS 36.12 review with Cheryl Lofton

- Lori met with Cheryl Lofton on October 20th to review DHS 36.12 – Orientation and Training. The meeting was very productive; Lori is planning additional meetings with Cheryl and would be happy to gather questions and topics on behalf of the region to review with her.
- During the meeting, Cheryl addressed several questions related to DHS 36.12 – please see Appendix A for more detail.
- Lori and Cheryl also reviewed each of the required orientation training categories. Cheryl gave clarification in several areas and also offered additional possible resources. Please see Appendix B for more detail.

2. Upcoming Workshop(s): “Consumer and Family Teaming Process – Essential Skills and Competencies”

- Approximately 35 people are registered for the workshop on December 8th and 9th in Waupaca. Due to greater than expected demand, a second training was scheduled on the 15th and 16th in Baraboo for the “Wisconsin River Collaborative” that includes Sauk, Columbia, and Richland Counties. Marquette staff will be attending this training due to a scheduling conflict on the 8th and 9th.

3. “Elements of Training Survey” tool – next steps

- Suggestions shared by the group at our last meeting have been incorporated into the survey. Next steps – Lori will put the survey online for review by the group and piloting by Waushara County (Toni and Tanya).

4. Current training needs

- a. Continued discussion of needs (topics, method, presenters, etc.)
 - The provider orientation page on the CWHP website is online: <http://www.cwhpartnership.org/ccs-orientation.html>. Although still under construction, there are several resources available. Lori encouraged sites to utilize it as a tool with new staff and to provide feedback.
 - One of the next steps for our committee is to determine areas we would like to develop training around. Areas suggested by Cheryl that other sites have developed training for is the overview of Chapters 48, 51, and 55, civil rights laws, patient rights, and HIPPA standards.
 - Tamara has developed a curriculum for use in Adams County that she would be willing to share
 - Lori will follow-up with Dawn Buchholz re: the discussion at our last committee meeting regarding past training conducted by Paul Theyel in Waushara County.

- One barrier discussed is providers who aren't part of an agency and aren't licensed, such as some foster parents. It is difficult for them to find professional liability insurance, which is needed in order to be a CCS provider.
 - Discussed psychiatrists as CCS providers, and the value of getting them engaged in the community. Adams has all of their psychiatrists as CCS providers; Waupaca is planning to do this as well.
- b. Service Facilitator / Service Director peer-to-peer forums
- There is interest in developing a peer-to-peer forum. Marquette would be willing to host the first one. Lori will come up with possible dates and work with Clint to secure space. The date/event information will be shared at the December 8th and 9th workshop.
 - Discussed other means of networking including FaceBook, the CWHP website (a chat or message board forum could be set up), and sharing/posting contact information for service facilitators
- c. Monthly orientation sessions for new staff
- Discussed where there is a need for regionalized orientation sessions for new staff. Group reviewed an outline of an overview session Jessie will be facilitating for new staff in Waupaca County which includes an overview of DHS 36, Waupaca's policies and procedures, quality improvement, orientation, assessment and service planning, etc.
 - Group will continue to discuss this an option

5. Other

- Cheryl Lofton will be facilitating a CCS learning collaborative on Wednesday, December 2nd from 12:30 – 3:00 (following our Regional Coordinating Committee Meeting) at the Adams County Community Center. The topic is, “Finding and Using SAMHSA Evidence-Based Practice (EBP) KITs”. Advanced registration is not required.

6. Schedule next meeting, determine location, discuss agenda items

- Thursday, January 21st – 2:00 to 3:30, Marquette County Department of Human Services

APPENDIX A

Notes based on Lori Martin's 10/20/15 discussion and follow-up email communication with Cheryl Lofton regarding DHS 36.12

- What does Cheryl see as the most pertinent subjects – are there items we should emphasize / focus on stronger than others?

See "Review of DHS 36.12" notes for specific examples.

Determination of a provider's needs related to orientation should be a process that includes a discussion between a designated CCS staff person and the provider. Discussion should include:

- b. *Review of the provider's resume' – consider recent and past training, education, positions, and experience*
- c. *Documentation of training received, especially within the past 3 months*
- d. *Determination of whether 40 or 20 hours of documented orientation training are needed*
- e. *Consideration of the type of service that will be provided in order to prioritize training needed*
- f. *Review of DHS 36.12 requirements to prioritize which areas to focus on (many programs use a form which contains training from the rule as a form which is maintained in the centralized Training records file with all required documentation 36.12 (d)*

- 7. Clarification of “able to apply” in the following statement: “As a CCS staff member you shall be able to apply all of the following:”

This is relative to the individual provider and the service they will be providing.

- 8. Regarding the 20 and 40 hour requirement – is this truly required for ALL providers and volunteers? What are the parameters and/or exceptions? For example, nontraditional providers who might provide one service for one individual (e.g. Karate instructor)

All service providers, including volunteers, must meet the initial orientation training requirements in order to provide CCS-billable services. Volunteers may be reimbursed only for expenses not for time.

- 9. Is it an option to not require a nontraditional provider to obtain 40 hours orientation if there is a trained staff person onsite to help support the consumer?

Yes, but the service(s) provided by the “un-trained” provider cannot be billed to MA as a CCS service. A psychiatrist who solely provides medication management can bill for reimbursement outside of CCS. The psychiatrist in this case is not providing CCS services and is identified on the Service Plan for Medication Management under MA non-CCS.

Similarly, if an evaluation at Gunderson Lutheran is determined necessary, one option would be to make them a CCS provider; another option is to utilize an alternative funding source.

- 10. Do providers have to prove they have received orientation in all of the categories? If so, does it have to be within the 3 months of employment (before and after)

The level of training, experience and knowledge in each category should be noted. The categories that are counted toward the 20 or 40 hours with 3 months of employment should be based on an individualized review and discussion with the provider.

- 11. Does CCS pay for contracted providers' orientation time?

There are different types of allowable activities that are reimbursable through CCS. First of course they must meet all of the conditions that make an activity allowable. Some of the activities are services to consumers in CCS, those are billable. Training of staff as part of being a provider in CCS is also a reimbursable activity but not through a claim to Medicaid. Training, contracting, and other supportive activities are part of the year end costs identified during the reconciliation process.

APPENDIX B

Review of DHS 36.12

DHS 36.12 Requirements	Notes from discussion with Cheryl
1. Parts of Chapter 36 pertinent to the services they provide. Use rule language without changes to avoid confusion	<ul style="list-style-type: none"> Sections pertinent for all providers may include: Subchapter V. Consumer Services (e.g. application, determination of need, assessment, planning and service delivery) Additional sections may be pertinent depending on role. For example, a Service Director would review Subchapter IV – Personnel. This also includes the specifics of contracting, documenting, and the policies and procedures specific to the certified program (each county may look and operate in unique ways in a shared region).
2. Policies and procedures pertinent to the services they provide.	<ul style="list-style-type: none"> Consider each county's CCS policies and procedures (P&P) and determine which P&Ps are priorities, such as: confidentiality, receiving and making referrals, assessment and service planning, etc. Some P&P may not be priorities or required for the role of the provider such as quality improvement and coordinating committee policies which have different levels, time frames for provider involvement and need for training.
3. Job responsibilities for staff members and volunteers.	<ul style="list-style-type: none"> County job descriptions should reflect requirements outlined in Subchapter IV – Personnel 36.10 (2) (e), (f), (g), (3) Note (4) in this section !
4. Applicable parts of chs. 48, 51 and 55, Stats., and any related administrative rules.	<ul style="list-style-type: none"> It is important for all providers to have an understanding of these Consider putting together a training that covers these areas. Resources for more information I this area: Teresa S. (chapter 48), Dan Zimmerman (Chapter 51), Disability Rights Wisconsin Paul Theyel, Waushara County (?)
5. The basic provisions of civil rights laws including the Americans with disabilities act of 1990 and the civil rights act of 1964 as the laws apply to staff providing services to individuals with disabilities.	<ul style="list-style-type: none"> Resources for more information: Independent Living Centers (one in Stevens Point); managed care organizations and Disability Rights Wisconsin
6. Current standards regarding documentation and the provisions of HIPAA, s. 51.30, Stats., ch. DHS 92 and, if applicable, 42 CFR Part 2 regarding confidentiality of treatment records.	<ul style="list-style-type: none"> Important for all providers Provide summary / overview of information. Possible source – occupational therapy books
7. The provisions of s. 51.61, Stats., and ch. DHS 94 regarding patient rights .	<ul style="list-style-type: none"> See DHS 36.19 - Consumer Rights Checkout Client Rights Office - online training resource Understand formal and informal grievance procedures

8. Current knowledge about mental disorders, substance-use disorders and co-occurring disabilities and treatment methods.	<ul style="list-style-type: none"> • Registry of EBP's NREPP—National Registry of Evidence Based and Promising Practices (this is essential to know CURRENT services and treatment that are effective)
8m. Recovery concepts and principles which ensure that services and supports promote consumer hope, healing, empowerment and connection to others and to the community; and are provided in a manner that is respectful, culturally appropriate, collaborative between consumer and service providers, based on consumer choice and goals and protective of consumer rights.	<ul style="list-style-type: none"> • Should be an area of emphasis with all providers • emphasize 36.17(4) – Service Delivery (natural and least restrictive setting; use of natural supports; promptness; sufficient frequency; documentation) • importance of culture – both ethnic, family, and individual • importance of how a consumer defines themselves (individualized, person centered)
9. Current principles and procedures for providing services to children and adults with mental disorders, substance-use disorders and co-occurring disorders. Areas addressed shall include recovery-oriented assessment and services, principles of relapse prevention, psychosocial rehabilitation services, age-appropriate assessments and services for individuals across the lifespan, trauma assessment and treatment approaches, including symptom self-management, the relationship between trauma and mental and substance abuse disorders, and culturally and linguistically appropriate services.	<ul style="list-style-type: none"> • National registry of EBPs NREPP • SAMHSA's EBP KITs which include a program self-assessment; and psychoeducation KIT • Motivation Interviewing and Interventions (MI) • Rick would like to see greater emphasis in this area
10. Techniques and procedures for providing non-violent crisis management for consumers , including verbal de-escalation, methods for obtaining backup, and acceptable methods for self-protection and protection of the consumer and others in emergency situations, suicide assessment, prevention and management.	<ul style="list-style-type: none"> • Illness Management Recovery EBP KIT contains a generic WRAP • Developmental Disabilities population Behavior Support Plan • crisis plan • Client rights website has training in reduction of seclusion and restraints • Waisman Center trainings and evaluation • SAMHSA DVD "Roadmap to Seclusion and Restraint Free Health Services"
11. Training that is specific to the position for which each employee is hired. NOTE: service facilitators, for example, need thorough understanding of facilitation and conflict resolution techniques, resources for meeting basic needs, any eligibility requirements of potential resource providers and procedures for accessing these resources. Mental health professionals and substance abuse professionals will need training regarding the scope of their authority to authorize services and procedures to be followed in the authorization process.	<ul style="list-style-type: none"> • For example, team process, facilitation, and conflict management for service facilitators